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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875							Application or Docket Number 10/643,867		Filing Date 08/20/2003		☐ To be Mailed
	AF	PPLICATION	AS FILE	OTHER THAN  SMALL ENTITY OR SMALL ENTITY							
FOR			IUMBER FIL	.ED	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	× \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			]	× \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	Sheelis \$2 addi	ets of pape 250 (\$125 tional 50 s	wings exceed 100 cation size fee due tity) for each ction thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED — PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	04/18/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR . 1.16(i))	· 26	Minus	<b>**</b> 26	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
	,						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOI	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	##	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							•	nstrument Ex		TOTAL ADD'L FEE er:	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  /CHANTAE DESSAU/  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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